

**CHILD CUSTODY, PARENTING TIME &
SUPPORT QUESTIONNAIRE**

I. PARENT INFORMATION

Your Name: _____
 First Middle Last Maiden

Present Address: _____
 P.O. Box or Street Apt.

 City State Zip Code County

Telephone numbers at which you can be reached or at which we can leave a message for you:

_____ _____ _____ _____
Home Number Cell Number Work Number Other

Your Date of Birth: _____ Age: _____

Social Security No.: _____

Other parent: _____
 First Middle Last

Present Address: _____
 P.O. Box or Street Apt.

 City State Zip Code County

Other parent's birth date? _____ Age: _____

Social Security No.: _____

Whom do you expect will be the other parent's attorney? _____

Were you married to the other parent? _____ When divorced? _____

If never married, was a Voluntary Recognition of Parentage form completed? _____

Has paternity been determined by a court? _____ If so, which court? _____

When was the order entered? _____ Do you have a copy of that order? _____

Date you and other parent separated: _____

How long have you resided in this state? _____

How long has the other parent resided in this state? _____

Are you presently in the military service? Yes ___ No _____

Is the other parent presently in the military service? Yes ___ No _____

Is there an order determining custody and parenting time? Yes ___ No _____

If so, when was that order entered? _____ What county? _____

Do you have a copy of that order? Yes ___ No _____

Please get a copy of that order to me as soon as possible.

II. CHILDREN

Children born or legally adopted of this marriage or relationship

Child's full name	Gender	Birthdate	Age	Social Security number	Living with whom?

Your children of a prior marriage or relationship

Child's full name	Gender	Birthdate	Age	Social Security #	Living with whom?	Legally adopted by other parent?

Other parent's children of a prior marriage or relationship

Child's full name	Gender	Birthdate	Age	Social Security #	Living with whom?	Legally adopted by you?

Does the other parent have physical custody of these children? Yes _____ No _____

Do any of the above-named children have any physical or emotional illnesses or disabilities? Yes No ____ If yes, please specify and summarize.

Are there any other factors that we should be aware of regarding any of the above-named children?

With respect to the minor children, who has been responsible for performing the following duties? If the duties were shared, please indicate the approximate percentage of the responsibility that you assumed:

Child-related duties	Your %	Other Parent %
Bathing		
Preparing meals		
Putting children to bed		
Attending to them during the night		
Getting them up in the morning		
Getting them ready in the morning		
Feeding		
Dressing		
Laundry		
Making sure they are well-equipped for school		
Helping with homework		
Supervising toothbrushing		
Hairwashing		
Nail clipping		
Getting them to and from school		
Getting them to and from school events		
Getting them to and from sporting/extracurricular events		
Parent Teacher meetings		
Discipline/manners		
Rewarding them for good grades/good conduct in school		
Making doctor and dentist appointments		
Grocery shopping		
Shopping for their clothes		
Taking them to and from doctor appointments		
Taking them to and from dentist appointments		
Taking them to and from daycare		
Other (please specify)		

Do you believe that your children are old enough to express a reasonable preference for living with one parent or the other? Yes ____ No _____

If yes, identify which children have a preference, and what that preference is:

How do you know?

Legal custody identifies who will have a right to make decisions regarding the education, religious, and medical upbringing of the child(ren). Are you asking the court to grant legal custody of the child(ren) to yourself _____ the other parent _____ Both _____

Are you and the other parent in agreement regarding legal custody? _____

Physical custody identifies with whom the child(ren) will live. Are you asking the court to grant physical custody of the child(ren) to yourself _____ the other parent _____ Both _____

Are you and the other parent in agreement regarding physical custody? _____

Are you asking that the other parent's parenting time be supervised? _____

If yes, why? _____

III. PARENTING TIME SCHEDULE

Do you have a proposal for parenting time? If so, please complete the following:

- a) Weekends: _____

- b) Week nights or after school: _____

- c) Holidays: _____

- d) School release days: _____

- e) Birthdays: _____

- f) Summers: _____

- g) Telephone Contact: _____

- h) Other: _____

Are you and the other parent in agreement regarding this schedule? _____

IV. CHILD SUPPORT

A. General

Are you currently paying _____ or receiving _____ child support to/from the other parent?

If so, how much? _____ How often? _____

If you have a copy of any order establishing child support referred to above, please attach.

If no, are you asking for child support? _____

If so, how much? _____ How often? _____

Do the children, you or the other parent have any extraordinary circumstances that may necessitate a deviation from the child support guidelines? If so, please explain:

B. Insurance

Do you _____ or the other parent _____ purchase medical and/or hospitalization insurance privately? If yes, give the name of the carrier: _____

Who does it cover (you, spouse, dependents)? _____

What is the cost to you _____ or the other parent _____? \$ _____ per _____

Do you _____ or the other parent _____ carry dental insurance? If yes, exactly who does it cover?

Is the same provided through you _____ the other parent's _____ employer?

What is the name of the carrier? _____

What is the cost to you _____ or the other parent _____? \$ _____ per _____

C. Child Care Expenses

Where do your children receive daycare/after school care? _____

What are your monthly child care expenses? _____ per _____

Who pays those? You _____ Other parent _____

D. Your Employment and Income

Are you presently employed? Yes ___ No ___ If yes, specify the following:

Employer: _____ Occupation: _____

Address: _____

How long have you been employed at this job? _____

Gross income per _____ \$ _____

Do you receive any other compensation from your employer, such as:

Commission \$ _____ When paid? _____

Profit Sharing \$ _____ When paid? _____

Expense Account \$ _____ When paid? _____

Bonus \$ _____ When paid? _____

Public Assistance (AFDC/GA) \$ _____

Social Security benefits for party or child(ren) \$ _____

Unemployment/Workers Comp. \$ _____

Interest income per _____ \$ _____

Dividend income per _____ \$ _____

Gross Rental Income \$ _____

Other income \$ _____

E. Other Parent's Employment and Income

Is the other parent presently employed? Yes ___ No ___ If yes, specify the following:

Employer: _____ Occupation: _____

Address: _____

How long has the other parent been employed at this job? _____

Gross income per _____ \$ _____

Does the other parent receive any other compensation from employment, such as:

Commission \$ _____ When paid? _____

Profit Sharing \$ _____ When paid? _____

Expense Account \$ _____ When paid? _____

Bonus \$ _____ When paid? _____

Other, including use of a car, club membership: _____

The other parent's other income:

Public Assistance (AFDC/GA)	\$ _____
Social Security benefits for party or child(ren)	\$ _____
Unemployment/Workers Comp.	\$ _____
Interest income per _____	\$ _____
Dividend income per _____	\$ _____
Gross Rental Income	\$ _____
Other income	\$ _____

F. Necessary Monthly Expenses

Debt	Your current	Your projected	Children
Mortgage/rent			
Hazard Insurance			
Real Estate Taxes			
Utilities			
Heat			
Food			
Clothing			
Laundry			
Medical			
Dental			
Car payment			
Gasoline			
Car insurance			
Car Maintenance			
Health Insurance			
Life Insurance			
Entertainment			
Charitable Contribs.			
Child Care			
Home Maintenance			
School			
Allowances			
Credit Cards			
Bank Loans			
Other Loans			
Misc.			
TOTALS			

Explanation of other expenses above: _____

If you believe your expenses should be higher, what should they be and why? _____

V. OTHER

Do you have a significant relationship with another person? Yes ___ No ___ If yes, give that person's name, age, and address:

How well do the child(ren) know this other person? _____

Does the other parent have a significant relationship with another person? Yes ___ No ___ If yes, give that person's name, age, and address:

How well do the child(ren) know this other person? _____

VI. DOCUMENTS

The following items should be readily available to you in case we are in need of them. Please take the time to locate them now.

1. Your paycheck stubs, from January 1 of the current year, if possible. Paycheck stubs for the last three months are required.
2. The other parent's paycheck stubs, if you can get them, from January 1, of the current year, if possible, and at least for the last three months.
3. Copies of your joint or individual income tax returns, both state and federal for the past three years.
4. Any pleadings and legal papers, including court orders, in your possession relating to this proceeding or any prior divorce (dissolution) proceeding for yourself or the other parent.